

Support By Heart Ltd

# Support by Heart Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Support by Heart Ltd is a supported living service providing personal care to people. The service provides support to younger adults with physical disabilities, learning disabilities or autistic spectrum disorder. The service consists of five separate supported living premises, with 22 people using them at the time of inspection, although only 2 people were receiving support with the regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Care:** Care was not always person centred. Care plans did not cover sexuality or information about developing independent living skills. Risk assessments did not cover all significant risks people faced.

Medicines were managed in a safe way and people had access to relevant health care services. People were supported to live healthy lives and eat a balanced diet.

**Right Culture:** The culture of the service did not always promote safe care. Quality assurance systems were in place, but these were not always effective. For example, they had failed to identify the shortfalls in care plans and risk assessments that we found.

People were supported to express their views about the service. Staff and people spoke positively about the registered manager. Systems were in place for dealing with when things went wrong, such as a complaints procedure and the review of accidents and incidents.

**Right Support:** People lived in ordinary houses that were part of the local community. Steps had been taken to safeguard people from the risk of abuse. There were enough staff to meet people's needs, and robust staff recruitment practices were in place.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 7 August 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified breaches in relation to care plans, risk assessment and quality assurance processes at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The service was not effective.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Support by Heart Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior

to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service in person and with another by telephone. We spoke with 5 staff; the registered manager, deputy manager, a senior support worker and two support workers. We looked at 2 people's care and medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people, but these did not cover all the significant risks they faced. Assessments covered risks including falling, mobility, medicines and hygiene.
- The Hospital Passport written by the service for one person stated they were at risk of choking. A Hospital Passport provides information for hospital staff about the person in the event of them being admitted to hospital. The deputy manager confirmed the person was at risk of choking. The provider had generic guidance from the Speech and Language Therapy Team about food preparation and safe foods for people with a risk of choking. However, there was no risk assessment in place around choking for the person, which set out the specific support required to minimise the risks they faced.

The provider did not always have comprehensive risk assessments in place to set out how to mitigate risks. This placed people and others at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse. Policies and procedures were in place to provide guidance on this, including a safeguarding adults policy. This made clear the provider had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any allegations of abuse. A member of staff told us, "First of all, I would talk to the manager [if they suspected a person had been abused]."
- People told us they felt safe using the service. One person replied, "Yes" when asked if they felt safe.

### Staffing and recruitment

- There were enough staff to meet people's needs. Individual staffing levels were agreed with the local authority who funded the person's care. Staff told us they had enough time to carry out their duties, and people told us staff were there to support them when required. One person told us, "There are enough staff, they are here all the time. Whenever I press the button [alarm call], they come."
- Various checks were carried out on staff to help ensure they were suitable to work in a care setting. These included criminal records checks, employment references and providing proof of identity.

### Using medicines safely

- People were supported to manage their medicines in a safe way. Staff undertook training before they were

able to administer medicines. Medicine administration records [MARs] were maintained so there was a record of when medicines had been given. We checked a sample of these and found them to be accurate and up to date.

- MARs were checked by the registered or deputy manager to make sure they were completed correctly. Senior staff also carried out monthly audits of the medicine's practices and procedures at the service.

#### Preventing and controlling infection

- The provider had an infection prevention and control policy which provided guidance to staff. Staff had undertaken training about infection control.
- Personal protective equipment was available for staff and staff told us they always wore this when providing support with personal care to people.
- The provider was responsible for the cleanliness of the premises and cleaning schedules were in place. A person told us, "They [staff] clean my room."

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents, and we found this had been followed. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the provision of care. The registered manager told us the local authority who commissioned a person's care carried out their own assessment of the person's needs, which was sent to the service. The registered manager then met with the person to carry out their own assessment. They also met with the person's relatives where this was appropriate.
- Records showed that people were involved in the assessment process. They covered needs including personal care, social and leisure interests and the person's likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were provided with training and support to help them carry out their roles. Staff undertook a variety of training courses, some of which related to health and safety, such as fire safety and infection control, while others were about the needs of people, for example, in relation to learning disabilities and behaviours that challenged.
- Staff undertook an induction training programme on commencing work at the service. This included computer based learning, classroom based training and shadowing experienced staff to learn how to support individuals.
- Staff told us, and records confirmed, that they had regular 1:1 supervision meetings with a senior member of staff. This gave them the opportunity to discuss matters of importance to them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Care plans detailed the support people required with eating and drinking.
- People told us they liked the food and were able to choose what they ate. One person said, "They [staff] ask me what I want, I like chicken and rice and vegetables."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and staff worked with other agencies to provide access to healthcare services for people.
- Health action plans were in place for people which set out how to support them to live a healthy lifestyle. Hospital passports were in place which provided information to hospital staff about the person, in the event of them being admitted to hospital.
- The service supported people to access healthcare services, including GPs, opticians and mental health services. A person told us, "They take me to my therapy." Another person said, "They [staff] take me to the

doctors."

- The pre-care assessment carried out by the local authority for one person stated they needed to be referred to the speech and language therapy team. The registered manager told us that the local authority were to make this referral, yet this had not been done by the time of inspection. The person started using the service on 22 June 2022, nearly 6 months before our inspection. We discussed this with the registered manager who took steps to contact the local authority about this during the inspection.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were able to consent to their care in line with law and guidance. No applications had been made to deprive people of their liberty. The registered manager told us both people using the service at the time of inspection had the mental capacity to make decisions for themselves. We saw people were able to make choices and decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff and that staff were respectful to them. One person said, "They do my personal care properly, they know how." Another person said, "It's fantastic, everybody is like a family." We observed that staff interacted with people in a friendly and relaxed way and that people were at ease in the company of staff.
- As mentioned in the responsive section of this report, care plans did not cover sexuality. However, they did cover other needs in relation to equality and diversity such as religion and ethnicity. The provider supported people to meet their needs in relation to equality and diversity. For example, one person was supported to visit a place of worship, while another person was supported to access hairdressing services that specialised in their ethnicity.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decisions about their care. People told us they were able to make choices about their care, for example about what they ate and wore. One person told us, "I tell them [staff] what I want to wear."
- Care plans were drawn up with the involvement of people, so they were able to reflect things that mattered to the person.
- Staff understood the importance of supporting people to make choices for themselves and explained how they did this. One staff member said, "We ask them, 'what do you want to eat, what do you want to wear?' We always ask them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff understood how to support people in a way that promoted their dignity. For example, one member of staff said, "The door and curtains should be closed when giving personal care." Care plans set out what people could do for themselves and what they needed support with in relation to personal care, which helped to develop independence in this specific area.
- The provider had a policy on confidentiality and staff understood the importance of respecting people's rights to confidentiality and privacy. Confidential records held by the service about people were stored on password protected electronic devices and locked filing cabinets.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people, but these did not reflect all their needs. Care plans covered areas including personal care, family, social and leisure activities and health. A person told us, "I have a care plan that they talked to me about."
- Care plans covered some needs in relation to equality and diversity issues, including religion and ethnicity. However, they did not cover sexuality. We discussed this with the registered manager who told us they would update care plans to include this.
- Care plans did not include any information about supporting people to develop independent living skills. Furthermore, care plans were task orientated and did not include goals for people. We discussed this with the registered manager. They told us that although these things were not covered in care plans, they were done, telling us the service supported people to develop independent living skills. They emailed us after the inspection and said, "I explained to you during the inspection we are doing the independent skills and goals with both our residents, but it was not documented." They said they were starting to document this after our inspection.
- Care plans are important documents to help ensure people's needs are met. They help to make clear what support is required and to promote a consistent approach amongst staff to providing that support.

Care plans were not always comprehensive. This meant there was a risk that people's needs would not be fully met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were covered in their care plans. At the time of inspection, both people who used the service were able to speak and read English and their communication needs were being met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships. People told us they were supported to visit family members. One person said, "Every Friday they [staff] take me to my [relative]."
- People were able to take part in activities that were socially and culturally relevant to them, and this was detailed in their care plans. People told us they were able to engage in activities they liked.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service.
- People told us they had not needed to make a complaint, but knew how to if they should wish to. One person said, "I would talk to the staff or manager if I had a problem."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance systems were not always effective. For example, various audits were carried out. These included care plan audits. These checked if care plans included goals for people and the most recent audit done on 11 November 2022 said that goals were included within care plans, but they were not. Audits had also failed to identify that sexuality was not covered in care plans.
- Audits were also carried out of risk assessments. These were done on a monthly basis, the most recent was dated 19 November 2022. This had failed to identify that adequate risk assessments were not in place around the risk of choking.

The provider had failed to implement effective quality assurance and monitoring systems. This placed people and others at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. Staff and people who used the service spoke positively about the registered and deputy managers. One person said, "I like the people [staff] and the manager." Another person said, "[Registered manager] is great. They are a nice person, they speak to me, I speak to them." A member of staff told us, "If I have anything, the management is very open to us. We can ask for help if we need it. The same staff member also told us, "Teamwork is really good. There are always staff to help me."
- Staff understood the importance of promoting person-centred care and had a good understanding of the needs of individuals.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and complaints were addressed.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place who was supported by a deputy manager. Staff were clear about

their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.

- The provider was aware of their legal responsibilities. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and others were engaged with the service. For example, monthly meetings were held for both staff and people, which gave them the opportunity to discuss matters of importance to them. The provider was also in regular contact with relatives, both in person and through the use of internet private messaging apps.

- As mentioned elsewhere in this report, people's equality characteristics were not considered as fully as they could have been, as care plans did not cover sexuality. We saw that staff's equality characteristics were considered, for example, through good practice in relation to staff recruitment.

Working in partnership with others

- The provider worked in partnership with other agencies to share knowledge and develop best practice. For example, they worked with health care professionals to help meet people's needs and the registered manager told us they attended a care providers forum hosted by the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to carry out a comprehensive assessment of the care needs of service users, especially in relation to sexuality and independent living skills. Regulation 9 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to implement effective systems for assessing the risks to the health and safety of service users receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks. Regulation 12 (1)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish and operate effectively systems or processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities; and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. Regulation 17 (1)</p>

